

**NOTICE TO ALL PERSONS HAVING CLAIMS AGAINST LIFEGUARD, INC. REGARDING  
CLAIMS PROCEDURES AND BAR DATE**

This matter arises in the case of The Director of the Department of Managed Health Care (DMHC) of the State of California v. Lifeguard, Inc., Santa Clara County Superior Court (the "Court") Case No. CV811257. **PLEASE TAKE NOTICE** that the Court has established a claims bar date of **June 6, 2003** for all persons who have claims against Lifeguard, Inc. ("Lifeguard") (the "Claims Bar Date"), to file the proof of claim in the form set forth on the reverse side of this Notice (the "Proof of Claim"). Such Proof of Claim shall be filed with Richard K. Diamond, the Receiver appointed by the Court for Lifeguard ("Receiver"), care of his Claims Agent at the following address: Attn: Lifeguard Claims Manager, CPT Group, Inc., 16630 Aston Street, Irvine, CA 92606. Claims Agent shall be acting as an agent for Lifeguard, and Receiver and Claims Agent both agree that all patient information shall be treated as confidential, and shall not be used for any purpose other than in the manner prescribed herein.

Transmitted with this notice is a Remittance Advice for providers ("RA") and an Explanation of Benefits for members ("EOB") setting forth all known claims held by the Receiver and the amount due according to Lifeguard Inc.'s records. If you agree with the Receiver's assessment, you need only to place an "X" where indicated, insert your name, address and claim amount, sign and mail the form to the Claims Agent for processing. If you dispute the Receiver's assessment of your pre September 13, 2002 claims or if you dispute payment on a post September 13, 2002 claim that Lifeguard has already processed and upheld on appeal, you must fill out the Proof of Claim form, as well as provide proof of such disputed amount, by not later than the Claims Bar Date. Backup support for a claim in an amount other than that set forth on the RA or EOB must be submitted along with the claim to CPT Group. If you are a vendor or other creditor filing a claim, attach all supporting documentation and send to CPT Group on or before the Claims Bar Date. All claimants failing to make and present claims and, if such claim is disputed, provide supporting proof to the Receiver on or before the Claims Bar Date shall be forever barred from asserting a claim of any kind whatsoever against the receivership estate or its assets or sharing in a distribution of its assets. After the Claims Bar Date, the Receiver has been directed by the Court to review all submitted claims and present the results of his claims review to the Court for further consideration, including hearings on disputed claims which cannot be resolved between the Receiver and the claimant.

By filing a Proof of Claim with the Receiver, you agree that the Court shall have jurisdiction over all claims identified in your Proof of Claim and over all aspects of your claim, including but not limited to, the amount of your claim, the priority in distribution of your Claim, the determination of allowance of your Claim, and the scheduling and allocation of the receivership estate's funds to satisfy your Claim (if any are available), and that objections or disputes thereto shall be submitted to the Court upon motion practice for hearing and a final ruling thereon. The matter shall be heard by the Court without a jury.

By filing a proof of claim with the Receiver, you agree to waive any and all rights you may have to proceed against Lifeguard, to recover on your claims, and you understand, therefore, that your recovery, if any, on your claims against Lifeguard will be limited to the amount of the final distribution arrived at for your claim, as determined by the Court's final ruling and order regarding your claim. This waiver shall not affect any rights you may have against persons or entities other than Lifeguard and the receivership estate.

**WARNING: YOUR PROOF OF CLAIM MUST BE FILED WITH AND RECEIVED BY THE RECEIVER ON OR BEFORE JUNE 6, 2003 IN ORDER TO PARTICIPATE IN THE DISTRIBUTION UNDER THE RECEIVERSHIP ESTATE.**

DATED:

\_\_\_\_\_  
Richard K. Diamond, Receiver

## PROOF OF CLAIM

The Director of the Department of Managed Health Care for the State of California v. Lifeguard, Inc.,  
Santa Clara County Superior Court Case No. CV811257

PLEASE COMPLETE, SIGN AND RETURN THIS FORM AT ONCE TO:

ATTN LIFEGUARD CLAIMS MANAGER  
CPT GROUP, INC.  
16630 ASTON STREET  
IRVINE, CALIFORNIA 92606

**I AM FILING THIS CLAIM AS A:**

- |    |                          |   |
|----|--------------------------|---|
| 1. | PRDVIDER                 | 0 |
| 2. | MEMBER                   | 0 |
| 3. | VENDOR OR OTHER CREDITOR | 0 |

NAME OF CLAIMANT:	ATTORNEY FOR CLAIMANT (IF ANY):
ADDRESS OF CLAIMANT:	ADDRESS OF ATTORNEY (IF ANY) FOR CLAIMANT:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
SIGNATURE OF ATTORNEY (IF ANY) FOR CLAIMANT: _____	
	CHECK HERE if this Proof of Claim <input type="checkbox"/> Replaces or <input type="checkbox"/> Amends a previously filed claim, dated: _____
BASIS FOR CLAIM (check appropriate category): <input type="checkbox"/> Goods sold <input type="checkbox"/> Wages, salaries, or compensation (Fill out below) <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned Your social security number: _____ <input type="checkbox"/> Other (Describe briefly): _____ Unpaid compensation for services performed from _____ to _____	
DATE CLAIM AROSE/DEBT WAS INCURRED:	IF COURT JUDGMENT, DATE OBTAINED: (Attach copy)
AMOUNT OF CLAIM: \$ _____ Is the debt secured by property (collateral)? <input type="checkbox"/> YES (Please attach evidence of perfection of security interest) If YES, please describe collateral: _____ <input type="checkbox"/> NO Location of collateral: _____	

**PROVIDERS/MEMBERS:** Lifeguard's records indicate that your claim against the estate is as set forth in the Remittance Advice ("RA") or Explanation of Benefits ("EOB") included herein. If you do not dispute Lifeguard's assessment of your claim, and you wish to participate in the claims process, place an "X" where indicated below, fill in your name, address and claim amount where indicated, sign and return this form along with the enclosed RA or EOB. You need not fill out the remainder of this form. However, failure to return the enclosed RA or EOB with this form may result in your claim being disputed.

- ☐ I do not dispute Lifeguard's assessment of my claim and submit a claim in the amount set forth on the RA or EOB attached hereto.  
☐ I disagree with the amount set forth on the RA or EOB attached hereto and have submitted documentation in support of my claim.  
☐ I am a vendor or other creditor. I have attached supporting documentation pertaining to my claim.

**SUPPORTING DOCUMENTS:** Unless you agree with the amount shown in the RA or EOB, in addition to returning the enclosed RA or EOB, attach copies of supporting documents, (such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, settlements, or evidence of security interests) to the Proof of Claim. If the documents are not available, explain. If the documents are voluminous, attach a summary. The failure to provide such support may constitute the basis for disallowance of the claim by the Court.

**PROOF OF FILING:** To receive an acknowledgment of the filing of your Proof of Claim, enclose a stamped, self-addressed envelope and a copy of this Proof of Claim.

By signing and filing this Proof of Claim, the undersigned represents that all the information herein is true and correct to the best of the undersigned's knowledge, and the undersigned agrees with the terms contained on the reverse side of this Proof of Claim.

Dated: \_\_\_\_\_ Claimant's Signature : \_\_\_\_\_